

Cambridgeshire and Peterborough Integrated Care System

Meeting Minutes - STP Board Meeting – IN PUBLIC	
Meeting:	System Partnership (STP) Board
Date and Time:	28 July 2021 at 13.30pm
Venue:	Virtual Meeting by MS Teams

Attending Members:		
Arshiya Khan (AK)	Co-Chair	North Alliance
Caroline Walker (CW)	Chief Executive	North West Anglia NHS FT
Cllr Susan van de Ven (SV)	Vice Chair of Adult and Health Committee and Chair of HWBB	Cambridgeshire County Council
Cllr Richard Howitt (RH)	Chair of Adult and Health Committee	Cambridgeshire County Council
Cllr Irene Walsh (IW)	Orton Longueville Ward and Cabinet Member for Adult Social Care,	Peterborough City Council
Ewen Cameron (EC)	Interim Chief Operating Officer	Cambridge University Hospitals NHS FT
Gary Howsam (GH)	Clinical Chair	Clinical Commissioning Group
Jan Thomas (JT)	Chief Officer	Cambridgeshire and Peterborough Clinical Commissioning Group
Julian Huppert (JH)	Chair of the System Wide Ethics Committee CCG Deputy Chair	Cambridgeshire and Peterborough Clinical Commissioning Group
Dr Katie Bramall-Stainer (KB)	Chief Executive	Cambridgeshire Local Medical Committee
Jyoti Atri (JA)	Director of Public Health	Cambridgeshire & Peterborough
Mary Elford (ME)	Chair	Cambridgeshire Community Services NHS Trust
Matthew Winn (MW)	Chief Executive	Cambridgeshire Community Services NHS Trust
Julie Farrow (JF)	Chief Executive	Hunts Forum
Michael More (MM)	Fixed Term Non-Executive Chair	

Cambridgeshire and Peterborough Integrated Care System

Rob Hughes (RH)	Chair	North West Anglia NHS FT
Stephen Posey (SP)	Chief Executive	Royal Papworth Hospital NHS FT
Tracy Dowling (TD)	Chief Executive	Cambridgeshire and Peterborough NHS FT
Alex Gimson (AG)	Chair	Joint Clinical Group
Wendi Ogle-Welbourn (WO-W)	Corporate Director	Cambridgeshire County Council and Peterborough City Council
Piers Ricketts (PR)	Chief Executive	Eastern Academic Health Science Network
Val Moore (VM)	Chair	Healthwatch Cambridgeshire & Peterborough
Roland Sinker (RS)	Interim STP Accountable Officer	
Tom Davies (TDa)	Acting Chief Executive	East of England Ambulance Service NHS Trust
Neil Modha (NM)	GP/ Co-Chair North Alliance	Greater Peterborough Network
Prof John Wallwork (JW)	Chairman	Royal Papworth Hospital NHS Foundation Trust
In attendance:		
Laura Halstead (LH)	Head of Communications & Marketing	Cambridgeshire & Peterborough Clinical Commissioning Group
Carol Anderson (CA)	Chief Nurse	Cambridgeshire and Peterborough Clinical Commissioning Group
Janet Dullaghan (JD)	Head of Commissioning for Child Health and Wellbeing	Peterborough City Council
Sharon Fox (SF)	Director of Governance	Cambridgeshire and Peterborough Clinical Commissioning Group
Uwem Okure (UO)	Corporate Governance Administrator	Cambridgeshire and Peterborough Clinical Commissioning Group
Apologies:		
Louis Kamfer (LK)	Chief Finance Officer	Cambridgeshire and Peterborough Clinical Commissioning Group
Carolan Davidge (CD)	Non-Exec Director	East of England Ambulance Service

Cambridgeshire and Peterborough Integrated Care System

James Morrow (JM)	GP/Co-Chair South Alliance	Granta
Kit Connick (KC)	Director of Strategy & Planning	Cambridgeshire & Peterborough ICS
Julie Spence (JS)	Chair	Cambridgeshire and Peterborough NHS FT

1.1 Welcome and Introductions

Mike More, Fixed Term Non-Executive Chair (Chair) welcomed everyone to the System Partnership Board (Board) meeting in public.

1.2 Apologies for absence

Apologies for absence were received from Louis Kamfer, Carolan Davidge, Dr James Morrow, Kit Connick, and Julie Spence.

1.3 Declarations of Interest

There were no declarations of interest related to the agenda.

1.4 Notification of Any Other Business

There was no notification of Any Other Business.

1.5 Minutes of the Last Meeting

The minutes of the last meeting of the System Partnership Board meeting held in public on 19 May 2021 were agreed as a correct record.

1.6 Matters Arising / Action Log

The Board received the Action Log which was updated.

2. ICS Survey Brand and Vision

The Board received and noted an update on the outcomes of the ICS Survey on ICS Brand and Vision Development. Laura Halstead advised the Board that they received three hundred and twenty-six responses, of which eighty three percent of the respondent worked in the NHS, Voluntary sector, and local authority. She highlighted that this was the beginning of the engagement work to be done. 'All together for healthier futures' was chosen as the vision statement. She said she asked people what an integrated care system meant to them, sixty three percent of respondent said it means opportunity for more joined up working/working together, seventy nine percent of respondent said improvement to care and/or services, while some respondents were of the view that it is just another restructure, waste of money, seen it all before and privatization. Laura Halstead advised the Board that Procurement for

an ICS website was ongoing and that the holding page on the website was live. They were stepping up Internal Communication across the system. She said she would welcome feedback/suggestions.

Julian Huppert asked what would be done differently because of the survey. He said this should be about how the message was translated to the public to ensure they understood the message. Jan Thomas said that what they needed to do differently going forward was being more strategic in having outcome for the system and patients. She re-emphasized the importance of Integrated Care Systems (ICS) and that this confirmed what was already on the Long-term Plan. The Chair commented that it strengthened the importance of the Health and Care Board and the Health and Wellbeing Board.

Councillor Irene Walsh reminded the Board that it was about keeping the population well and shifting the focus. Councillor Susan van de Ven sought clarification on Population Health as the traditional context was not what she thought it to be. Tracy Dowling commented that she understood it to be about priority – people were of the view that delivery of world class services was not a priority and there was confusion over the language used. There was a need to focus on Health Inequalities in responding to this.

Professor John Wallwork said he didn't see this as a competition. There was a need to focus on getting the best services for people. The Chair highlighted that there was a need to focus on the language and agreed that it was not a competition. Dr Gary Howsam said that if there were to assume that 'world class' was referring to Health Services, the challenge was to think across the traditional Health parameters. There was a need to aspire to be world class because that was what the population expects of them. Julian Huppert asked what the balance was of doing the best for a small number and reducing Inequalities. There was a need to consider how to manage marginal issues. Professor John Wallwork commented that they were restricted by ration and there was a need to think of what could be done better. Piers Ricketts supported Professor John Wallwork, he said that ICS will be providing care and they should be aspiring to have an integrated health system and that an ambition to have world class services was legitimate. Dr Neil Modha was of the view that if world class was working for affluent people, it would increase Inequality. They had a role to play in health and there was a need to improve Inequalities.

The Chair thanked everyone for their contribution to the discussion.

3.1 Joint Accountable Officer Update

The Board received and noted the Joint Accountable Officer Update. Jan Thomas advised the Board that the purpose of the report was to provide an update to the System Partnership Board on key issues in relation to the system's transition to an Integrated Care System (ICS). It also provided a brief update on other issues for the Board's attention. She said she would take the report as read. Jan Thomas reported that Cambridgeshire and Peterborough health services were under immense pressure, the COVID-19 admissions were slowly rising and there was surge in demand for emergency and mental health services. She reported that work was ongoing to solve the issues and deliver on these services. She advised the Board that Cambridgeshire and Peterborough continued to deliver the Mass Vaccine

Programme and they were having pop up clinics, to go into the communities and workforce for people that could not attend a COVID vaccination centre. She expressed concerns over the pace of development of the collaboratives and ICPs as it needed to be fit for purpose and ready for early 2022 to ensure accountability. There was a need to secure a long-term ICS and deliver within it financial resources while dealing with Health Inequalities at the same time. She reminded the Board that they had a responsibility to help with the transitioning from a Clinical Commissioning Group (CCG) to an ICS. She reported that they had a meeting with the Finance team where they confirmed there was cost control. The greatest risk for the ICS was the staff as they were experiencing prolong workload and stress which could go all the way to spring not just in the summer months. There was a need for continuous support for the staff.

The Chair advised the members of the public that the ICS Chair advertisement was published on the NHS England website the previous day and the aim and intention was that a Chair be appointed by the end of September for next year. Mary Elford asked if they were getting support from NHS England for long covid. Rob Hughes asked if there was a plan to have performance report for the system for more clarity. Jan Thomas said the initial money received from NHS England was small, there was a need for more research to understand long covid. There was additional money expected for both North and South although it is relatively small amount. Roland Sinker commented that there was an ongoing research on COVID-19 within the Cambridge University Hospital Biomedical Campus and there was nothing as long covid but its had lots of sub diseases having long term consequences. He said they were setting up new services in the North and South Alliances, the science/research was evolving and there was no permanent solution yet.

Dr Gary Howsam said post covid syndrome was related to psychological statistic and economic challenges. It would get better but would take time. Tracy Dowling thought that there was an additional demand on the system as they were expecting additional money, there was ongoing work to ensure efficiency of services. Val Moore said that although services were under pressure, people were getting more frustrated on getting their voice heard. Dr Neil Modha commented that the NHS has stated a date for training of GPs on how to deal with patient with long term covid. General Practice was experiencing immense pressure and they were doing their best now. There was a need to educate the public on self-care and how to gain access to services. The Chair said it was vital to work as a system particularly in acute, mental health, primary care, and social care sectors. Mary Elford said it was important to involve young people in the research.

Turning to the System Performance report, Jan Thomas advised the Board that the Clinical Commissioning Group (CCG) Governing Body oversaw system performance via its Integrated Performance and Assurance Committee. At the start of COVID, there was a system wide reporting on that element. The CCG used an integrated performance report and there was a need to understand as a Board what these performance challenges were and own solutions to problems as a Board. The Chair said it was important to own system performance and own solutions to problem. He thanked Jan Thomas and Roland Sinker for the update and acknowledged there was still work to be done.

3.2 ICS Development Plan Update

The Board received and noted the ICS Development Plan update and Board Assurance Framework (BAF). Jan Thomas said she would take the report as being read. She advised the Board that one of the biggest risks was the operational pressure and they should determine where and how to respond to ensure they meet the delivery milestone. There was good progress how the ICP was working, they continue to work with the collaborative and more jointly. There was a programme to deal with clinical leadership and because of the pressure, some of the work had slipped into August but she still considered this good progress.

The Chair said he attended a meeting with NHS England and other colleagues, where they discussed the importance of focusing on the current times, sharing the point of challenges of the present time for Health care providers during COVID. This was a strong message to the centre. They were dealing with the acute situation and the objective was to manage all these issues pragmatically. He said that having clinical leadership was fundamental and asked Dr Gary Howsam on their progress with this work.

Dr Gary Howsam advised the Board that clinical leadership was critical to the success of the ICS. He said they had been able to differentiate between clinical leadership and clinical representation. An outline paper was submitted to System Leaders. They had a session with Mike Farrar, the external facilitator for the Joint clinical group and clinical communities Forum, he would be producing a document in the coming week. He reported that the group was noted across the region as making good progress. The Chair said they have a clinical workshop in October and that it was important to move on that way to pick up some of the clinical voice. They would continue the informal conversations to build a common focus.

Julie Farrow commented that there was a small gap in relation to the voluntary sector, the risk was not at the same level for the system and the voluntary sector. She reminded the Board that the national paper said the Voluntary sector was vital to the success of the ICS. She expressed concerns over the interaction with the voluntary sector. She said she will like the voluntary sector to go on the risk section by the next meeting.

Mary Elford said there were significant opportunities to tackle Population Health issues and asked Jan Thomas and Dr Gary Howsam if this would be discussed in October. Jan Thomas commented that Strategic Commissioning was different from operational commissioning and there was no need to worry about that this year. She said the financial risks were driven by a different way of dealing with data, and this was an opportunity to take a step back.

Turning to Capital Investment, Jan Thomas said there was a need to know what the Plans were. She expressed concerns about being a more strategic entity as part of ICS. There was a lot of commissioning passed from the region to ICS, example was dentistry. There were services of direct commissioning expected and this would ensure accountability at different levels of being fit for purpose.

Roland Sinker advised the Board that there were now three Cambridge Health Partners. They were successful in getting six Health Foundation grants to improve Health innovation. He asked how they would ensure people were using this and staff trained. Tracy Dowling said they had two years funding for the innovation hub, and it was important to strengthen the resources within their organisation so they could

accelerate the learning. They were developing a club called the 'culture club' to share and learn together.

Wendi Ogle-Welbourn reported that she presented to the system leaders on transformation, based on changing the conversation and how it can be used as a system. Dr Gary Howsam said it was important to remember the four pillars in the Kings Fund. It should be community focused to make it a success. He said the role of strategic commissioning is going to be bringing these four pillars together to empower the community to look after themselves. It was about how they commission these services for their population. Jan Thomas commented that it was a fundamental different, they had a good discussion about innovation, they have a huge financial challenge and big target to hit. There was a need to think carefully as an ICS, spending the same money three years from now. She pointed out that the reality was they had decisions to make and there was a need to make those decisions on Population Health. Mary Elford advised the Board to think about the priority in finance and workforce. Establishing their priority was important in the next ten months.

Dr Neil Modha said there was winter funding across the system to support infrastructure within the General Practice, Primary care, dentistry. There was a need to have all the activity in the community for people. He asked how the capital pot of money would be used as a system and at where needed. Jan Thomas agreed with Dr Neil Modha and said it was important to state the long-term plan. There was a need to pre agree their priorities by being proactive and strategic.

3.3 Board Assurance Framework

The Board received and noted the Board Assurance Framework (BAF) which presented a number of significant risks including the RAAC issue, pressure in mental health services, significant workforce challenges, and unprecedented demand for health services and urgent and emergency care. She encouraged everyone to understand the risks. The BAF would continue to be updated and presented to the Board at each meeting.

4. All Age Autism Strategy

The Board received a presentation on All Age Autism Strategy. Carol Anderson advised the Board that this was a joint presentation with Wendi Ogle-Welbourn which described the Local Authority process to enable consultation in Cambridgeshire and Peterborough. They recognised they had increasing number of adult and children with diagnosis of Autism. It was important to hear from people with autism what they would like in services. She reported that they had been significant engagement with the voluntary sector, support from families and GPs. Janet Dullaghan advised the Board that Public Health had completed their assessment on all age autism strategy. There had been significant engagement and people were so passionate about doing the best for people with autism. Examples were recommendations, designated pathways, housing, training for awareness. She said she would take the paper as read. Wendi Ogle-Welbourn said the Board should be very proud as a system with the development of the Strategy and that the engagement had been fantastic, everybody was involved with strong assessment as well. Piers Ricketts commented that it was a great approach and said they needed to be prepared for significant confrontation.

Mary Elford said it was a fantastic piece of work. She sought clarification in relation to employment of people with autism and if they were being held accountable for this. Matthew Winn said that what often happens was that those people getting into their system received a good process, there was a relatively quick diagnosis compared to national average. They could do better and one of their challenges was Inequalities. He said that the population in the north were not so well supported and there was a need to think of when and how resources were moved within Cambridgeshire and Peterborough to ensure it gets to places that were not so well served. Wendi Ogle-Welbourn commented that they would never have as many resources as needed but had to use existing strategy to think about the needs of people with autism. There was a need to think of practical things they could do going forward, example was education, not just for children but adult. Janet Dullaghan reported that bringing this work together has helped people look at the resources together. The Police had done a lot. There was a dedicated map focusing on employment of people with autism, many local companies were employing people with autism, and they were also developing resources.

The Chair highlighted that it was important in terms of relations and expectation, how they had honest conversation with the parents etc of people with autism. it was vital not to set high expectation and not deliver.

Rob Hughes asked if the Strategy was for the whole system. Wendi Ogle-Welbourn commented that the Strategy was accessing the system but there was difference in the mode of delivery in terms of resources. Tracy Dowling said this was a welcomed document and approach. She asked how the Board would know by 2026 that it had achieved these principles and how to measure the outcomes. Janet Dullaghan advised the Board that the work starts from now. They would be working groups and each group would have Implementation and timelines. She said they would be clear about the things they can achieve. There would be Monthly reporting to check if they had achieved the outcome. Carol Anderson commented that they would add metrics to determine if they have been successful. The Chair thanked Wendi Ogle-Welbourn, Carol Anderson and Janet Dullaghan for the piece of work.

5. Local Maternity and Neonatal System update

The Board received and noted the Local Maternity and Neonatal System update. Carol Anderson advised the Board that the Maternity Services were under immense pressure now, the workforce for delivery remained very challenged. She reported that they had several reports last year like the Ockenden report and NHS England had issued wide ranging and significant actions to be undertaken in all maternity units in England. The Trusts had worked very hard to deliver those actions and had made more investment. She said that the ICS would have to determine how they would remain sighted on Maternity Services going forward. She reported that the Northwest Anglia NHS Foundation Trust (NWAFT) and Cambridge University Hospital (CUH) had submitted their report to NHS England. The main key was around bond-to-bond relations and how they are sighted in Maternity for our system as it was important to ensure they had compliance.

The Chair said they had to redraw community births at CUH and asked if the providers had a robust plan and if safety and quality of screening was also considered. Carol Anderson said yes that trust mentioned data from surveillance, manual caption as opposed to digital reporting. She said that NWAFT already have

digital and were working to full capacity. CUH used a system called Epic, this was not compatible with maternity services, and they are finding a solution to enable a system of surveillance reporting. Screening was part of that, it was linked to screening process and early pregnancy. Jyoti Atri commented that was very important to have electronic capture system. Carol Anderson agreed that it was a priority for the system, it would help women have their data electronically.

The Chair said that the long-term diseases would presumably change the acuity. He asked how they would reflect on the change as a system and even distribution going forward. Carol Anderson advised the Board that there were lots of maternity transfer, but it was vital to understand what the challenges were. They had continuity team of carers nationally. She highlighted that it was very challenging to implement locally and nationally. CUH had several carer continuity teams last year, but due to COVID-19 and staffing, they had to be redrawn. NWAFT had just undergone a significant investment. They were looking at different ways of working to ensure they capture levels of Inequalities. The Chair thanked Carol Anderson and the Providers Maternity Units for all their hard work to improve maternity services.

6. NHS Charities Together Business Case Update

The Board received and noted the NHS Charities Together Business Case update. The Char advised the Board that they decided as a system to use the money generated by Captain Tom Foundation for the homeless hub to drive projects. The Homeless Hub can be supported, the digital hub had been experiencing challenges. He asked the Board If they should re start the original project or go back to another project? He said that they Team thought they could rework the project to meet the needs. He would feedback to Danielle Black and Julie Spence to ensure the projects are high priority. Julie Farrow said that the voluntary sector challenges were in the system, and this included safeguarding. She supported going on with the project from the voluntary sector perspective. She pointed out that digital device was a key issue and proposed including in the proposal learning opportunity, teachings on how to use the device appropriately. The Chair said they would continue to prioritize and rework the proposal.

7. Questions from the Public

There were no questions from Members of the public.

8. Date of Next Meeting

The Chair thanked everyone for their attendance at the meeting. The date of the next meeting of the Partnership Board in public was confirmed as Wednesday 15 September 2021 at 5.30 pm.

Author: *Uwem Okure*
Corporate Governance Administrator,
Cambridgeshire, and Peterborough CCG
11 August 2021

